

### NON-FLYER CLINICAL TESTING REQUIREMENTS

| TESTING<br>REQUIREMENT                 | AGE |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----------------------------------------|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|                                        | 18  | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 |
| AF form 895/RCHRA                      | X   | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Immunizations                          | X   | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Blood Pressure <sup>1</sup>            |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |
| Height and Weight                      |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |
| Cholesterol and HDL <sup>2</sup>       |     | X  |    |    |    |    |    | X  |    |    |    |    |    | X  |    |    |    |    |    | X  |    |    |    |
| Dental <sup>3</sup>                    | X   | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Audiogram <sup>4</sup>                 | X   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  |
| Glaucoma <sup>5</sup>                  |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  |
| Skin Exam for<br>Cancer/Surgical Scars |     |    |    |    |    |    |    | X  |    |    |    |    |    | X  |    |    |    |    |    | X  |    |    | X  |
| Testicular Exam <sup>6</sup>           |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |
| Breast Exam <sup>7</sup>               |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |
| PAP <sup>7</sup>                       |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |
| Mammogram <sup>7</sup>                 |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  |
| HIV                                    |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |
| Gas Mask Inserts <sup>8</sup>          |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |
| PHAM Visit                             |     | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |

1. BP testing may be done during the member's periodic dental examinations. Personnel on medication for hypertension must have annual BP check or submit documentation that BP is adequately controlled.
2. Test includes total serum cholesterol and HDL cholesterol. Individuals who have a total cholesterol >200 or have a HDL <35 should be referred to their private physician for follow-up.
3. Dental exams will be done per applicable RC Headquarters guidance.
4. Ensure all individuals have a reference audiogram. Individuals on the hearing protection program should get annual audiograms.
5. Consider referring African Americans or those with a family history of glaucoma to their personal vision care provider for advice on more frequent screening.
6. Individuals with a history of un-descended testis should be referred to their personal medical provider for advice on more frequent screening examinations.
7. Females considered at high risk should be referred to their personal medical provider for guidance on more frequent PAP or breast examinations (See Clinician's Handbook of Preventive Services, 2<sup>nd</sup> Ed.).
8. Gas Mask Inserts may be ordered at any time when there is a change in prescription, as documented by the RC MDS or individual's private vision care provider.

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|-------------------------------------|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|                                     | 41  | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 |
| AF form 895/RCHRA                   | X   | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Immunizations                       | X   | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Blood Pressure <sup>1</sup>         |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Height and Weight                   |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Cholesterol and HDL <sup>2</sup>    |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Dental <sup>3</sup>                 | X   | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| Audiogram <sup>4</sup>              |     |    |    |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Glaucoma <sup>5</sup>               |     |    |    |    |    | X  |    |    |    |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Skin Exam for Cancer/Surgical Scars |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Testicular Exam <sup>6</sup>        |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Breast Exam <sup>7</sup>            |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| PAP <sup>7</sup>                    |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Mammogram <sup>7</sup>              |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| HIV                                 |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Fecal Occult Blood <sup>8</sup>     |     |    |    |    |    |    |    |    |    |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| Gas Mask Inserts <sup>9</sup>       |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |
| PHAM Visit                          |     |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |    | X  |    |

1. BP testing may be done during the member's periodic dental examinations. Personnel on medication for hypertension must have annual BP check or submit documentation that BP is adequately controlled.
2. Test includes total serum cholesterol and HDL cholesterol. Individuals who have a total cholesterol >200 or a HDL <35 should be referred to their private physician for follow-up.
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5. Consider referring African Americans or those with a family history of glaucoma to their personal vision care provider for advice on more frequent screening.
6. Individuals with a history of un-descended testis should be referred to their personal medical provider for advice on more frequent screening examinations.
7. Females considered at high risk should be referred to their personal medical provider for guidance on more frequent PAP or breast examinations (See Clinician's Handbook of Preventive Services, 2nd Ed.).
8. Individuals that have had a sigmoidoscopy or a rectal exam as part of another examination may submit the report instead of having an occult blood screen.
9. Gas Mask Inserts may be ordered at any time when there is a change in prescription, as documented by the RC MDS or individual's private vision care provider.